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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2080

SERIAL NUMBER 10/657,866	FILING OR 371(c) DATE 09/09/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 29914-701.401
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/615,727 07/09/2003 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091  
 which claims benefit of 60/160,891 10/22/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 11/28/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## Verified and Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

## ADDRESS

021971

## TITLE

METHOD FOR REPLACING A NATURAL FACET JOINT WITH A PROSTHESIS HAVING AN ARTIFICIAL FACET JOINT STRUCTURE

FILING FEE RECEIVED 911	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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